

5500 frantz Road **|** Suite 156 **|** dublin, Ohio 43017

(614) 334-2122 **|** FAX: (614) 334-2125 **|** Email: sheri@titleconnectagency.com

***Buyer Information Form***

**Contact Information:**

Name: Name:

SSN: - - SSN: - -

Marital Status: □ Married □ Single Marital Status: □ Married □ Single

If married, name of spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If married, name spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Home Phone: ( ) - Cell Phone: ( ) -

Subject Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this property be used as your primary residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deed Preparation:**

Title Connect Agency, as escrow agent, will be requesting the preparation of the deed for conveyance of the subject property address listed above. Please confirm the type of deed elected, by placing a check mark in the appropriate line below and also include the names in which you would like title to be vested.

\_\_\_\_ General Warranty Deed

\_\_\_\_ General Warranty Deed w/survivorship

\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deed to be prepared in the names of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please note: Any funds needed for closing must be in the form of a certified bank check made payable to Title Connect Agency. You will be contacted by your Escrow Officer prior to closing to confirm the exact dollar amount.

The information obtained by Title Connect Agency is only to be used in the processing my real estate transaction.

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Signature Date Signature Date